THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXV. THURSDAY, SEPTEMBER 20, 1866. No. 8.

ON THE NATURE AND TREATMENT OF ECZEMA.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY JAMES C. WHITE, M.D.

SINCE the days of Willan eczema has been considered a vesicular disease; that is, one which is characterized by the formation of vesicles, just as we find scales to be the constant and most prominent appearance in psoriasis. This definition is far too narrow, however, to comprehend all the morbid conditions of the skin which are universally called by this name, or those which, if not commonly so considered, a proper regard for the teachings of pathology will oblige us to include under the same title. It is wonderful to trace the influence which this author has exerted upon nearly all of those who have written upon this class of diseases; for so great was the step which he took in his time in individualizing symptoms and appearances and in clearing away the rubbish which centuries had heaped upon the study of cutaneous affections, and so easy to follow was the method he introduced of classifying disease according to its external and momentary aspects alone, that his views until recently have been almost universally accepted; as if so great a progressionist in his day could not possibly have founded a false system. There have been other methods of study advised, but those which the English have adopted, and those consequently which we have hitherto generally followed, have been more or less influenced by his doctrines.

Let us briefly examine some of those forms which are generally recognized as eczema, as they present themselves to the physician for advice. A gentleman asks you to look at an eruption upon his ankles, which, he says, has troubled him for several years. You find a portion of the skin of the lower third of the leg uniformly reddened, slightly elevated and covered with thin, irregularly-shaped, minute scales, or with fissures here and there, and nail marks. You take up a fold of it between the thumb and finger, and find that the skin is much thickened by infiltration, and is slightly warmer than other parts of the body. He says it itches excessively, and the excoria-

tions prove the truth of his statement. He says, too, that it has remained in precisely that condition for months, and that he never saw it in any other. If you watch it without treatment, you may convince yourself of the correctness of the first of these observations, even after months have passed.

Again, you are consulted by parents about a boy just growing into young manhood who has a most obstinate eruption on the forehead. On examination, well-formed papules are seen clustered or scattered over the affected portion of skin, which is somewhat redder than natural, glazed, and thickened, though not so much so as in the case just mentioned. It is situated generally just over the protuberance of the os frontis, where the hat presses the skin. Successive crops of papules appear, and the integument becomes redder and thicker at intervals, exhibiting at times slight fissures, or, in the abatement of the attack, harsh and minute scales, but the papules never change their form. Let the disease extend to the eyebrows, however, or, as in some instances, spread to the cheeks, and quite different appearances are presented. Occupying the place of the former, we see thick, yellow crusts, and the skin contiguous very much infiltrated, while on the brow the disease retains its original form, and the itching is intense throughout.

Again, upon the lower leg we are shown a chronic ulcer, small and indolent, and all around it, including a large portion of the limb below the knee, the skin is firm, thickened, glazed, with superficial fissures, or covered with glistening and large white scales of dried epidermal cells, which fall off in thin flakes, and exhibit the skin in the above described condition. The itching is here, too, excessive, and this state of things may continue indefinitely.

You are called to see a young child whose whole scalp is hid by a thick yellow crust, upon the surface of which only the ends of the hairs are visible. If you remove a portion of this and examine the skin beneath, it will be found to be vividly red, moist, and, if you attempt to raise a fold between the thumb and finger, infiltrated to a high degree. The itching is incessant. The ears, too, are distorted, and there drips from them continually a clear fluid, which stiffens like starch upon whatever it falls. Upon other portions of the body we find groups of vesicles which break and give rise to crusts upon drying, or which are converted into suppurating surfaces, while beneath both the skin will be found in the same state of infiltration and redness, or isolated papules, vesicles and pustules may appear.

These are examples of a series of morbid phenomena, briefly described, which are constantly met with in practice. Certain and very essential points are common to them all, viz.: thickening of the skin in consequence of infiltration, an efflorescence of some form upon the surface, and more or less itching. They are all well-known and admitted forms of eczema, and yet in neither of the first four forms are any vesicles to be discovered. There are several other

quite as distinctly marked types in which this is equally true. In the last case vesicles are present with other appearances. But the Willanist will say, it is only in the beginning that we are to look for vesicles; they form the initiative or elementary lesion of the affection. It signifies nothing that a disease exhibits itself in the form of papules, of excoriations, of fissures, of pustules or of scales for months or years, it must have arisen in vesicles which may have lasted a few days only, and these, it is said, form its essential and typical element. If not, the conclusion is inevitable that these phenomena, undistinguishable in other respects from those in which vesicles were an accidental appearance, cannot be considered eczema. The truth is, however, that in the forms first alluded to vesicles are seldom, if ever, formed at any stage, and that in spite of this they are simply eczema, and moreover that not only may this disease exhibit in its course one or all of the various appearances we have described, but that its earliest manifestation may be the formation of an erythema, a scale, papule, vesicle, excoriation, fissure or pustule, and that the same efflorescence may exhibit in the course of its development nearly all the phases above mentioned. The particular form of eruption or combination of forms in any special case at any moment will be determined by the stage in which it may happen to be, the portion of the body on which it shows itself, and the idiosyncrasy of the patient it affects; for, as we have seen in the cases cited, not only are quite different appearances presented under different circumstances, but in the same person and at the same time a variety of efflorescences are observable. Fortunately for our more explicit understanding of this Protean disease there are among the many ætiological conditions of its production substances which often give rise to forms which we are called upon to treat, and in order to study and illustrate its development at will, Prof. Hebra has adopted the plan of applying to the healthy skins of a number of persons some one of those irritating substances which is capable of producing an artificial eczema. There can be no sound objection to this method of study, for we find that the eczema which results from external irritation differs in no way from the so-called idiopathic acute variety, and may terminate in any of the chronic forms of which we have spoken. The irritant he selects is croton oil, which produces on some persons a redness, on some well-formed vesicles, on some prominences or papules, and on others red points. Both the papules and vesicles are formed about the hair follicles, and are the result of their hyperæmic and infiltrated condition. If we continue the application, we shall find vesicles forming by degrees in every case. In those individuals who exhibited at first the papules only, the epidermal covering of the eruption becomes gradually thinner, and the exudation collected beneath shines through; or, in other words, the papules have become vesicles. If we push the use of our irritant still farther at this stage, the vesicles become more numerous, larger,

run together, discharge their contents by bursting or scratching, and excoriated patches are formed, which are vivid, red and moist. In fact, we have immediately under our eye the rete mucosum, which allows the free discharge of the fluid blastema, now that the upper layers of the epidermis are removed. If we leave the process now to itself, this fluid will gradually stiffen by exposure to the air, and form a crust over the affected spots, beneath which the epidermal cells are again developed, and the skin, after remaining red for a while, is restored to its former condition. In cases where the papules and vesicles have not undergone this last stage of development, they disappear by the reabsorption of their contents, and the effete epidermis is thrown off in the form of scales. If, however, instead of leaving nature to set up her reparative process at this stage, we continue the application of the irritating substance, we see instead of the limpid and watery fluid, which was discharged from the excoriated surface, pus cells to form in the blastema, and soon we have before us a suppurating patch, which likewise dries up, and forms thick crusts or scabs. Here, then, we have arrived at the end of the process. We have seen artificially produced five different forms of eczema, viz.: squamosum, papulosum, vesiculare, rubrum, and impetiginosum, or, as writers describe them, Pityriasis rubra, Lichen, Eczema, and Impetigo.

Now precisely the same process is passed through in cases of eczema occurring without external irritation. We do not mean to say that all these phases are exhibited in every case, but it often goes through the first forms before attaining the latter, and we may have opportunity to observe them all upon different parts of the same individual.

We see, therefore, that this affection might quite as appropriately have been placed in several of the other groups of Willan or Wilson as among the vesiculæ, and it is only because a too narrow definition has been adopted that they have been obliged to call the same individual pathological process on one day strophulus, on another pityriasis, on another lichen, on another eczema, on another psoriasis, and on another impetigo. This, in fact, the latter is obliged to admit, for we find him first stating that the papules of lichen "are large and soft on the face, and also large and soft in infants, in whom they are called strophulus"; then that "the difference between eczema and lichen is not one of cause, but of manifestation—the difference of manifestation being chiefly due to difference of temperament and sex. Eczema is more common in females than in males, in the sanguine and lymphatic than in the choleric and nervous temperaments. Eczema, moreover, is never present without lichen, and only becomes eczema when the vesicles are in excess over the papules. Eczema may also have a mingling of the pustules of impetigo, or the ichorous contents of its vesicles may become purulent; in either case, it ceases to be simple eczema, and is then eczema impetigino-

des." Still farther on he adds, "Impetigo is, in fact, a pustular eczema, just as eczema is an ichorous lichen, and the latter a papulous erythema."

With regard to the affection called impetigo, we are satisfied that, if it has any real existence, it is of very rare occurrence. We have seen that we may produce a pustular affection at will; and in the great majority of cases the term impetigo is improperly applied to an advanced stage of eczema, and this may almost always be stated with regard to impetigo capitis, the crusts of which, stained yellow by the abnormal sebaceous secretion, are often considered to be wholly composed of purulent matter. In certain conditions of the economy, moreover, an exudative efflorescence runs through the various phases of its existence with great rapidity, and hence the eruption is said to be pustular from the first. We do not mean to deny the existence of an idiopathic pustular eruption, but maintain that it is rare, and that impetigo and ecthyma are names applied to appearances which are often the result or sequelæ of merely mechanical irritation of the skin, and are produced by, and consequently are a part of, other diseases.

Hebra is not the only writer, however, who has allowed wholesale scepticism in relation to old established theories to lead him to fresh investigations as to the nature of cutaneous diseases. Hardy, by far the most reliable French authority of the present day, has adopted similar broad views with regard to the forms hitherto classified as distinct diseases. Impetigo he treats of under eczema, and says "La plupart des auteurs ont décrit l'impétigo comme une maladie à part, et même, en raison de l'existence de l'élément pustuleux, quelques-uns l'ont rangée dans une autre classe que l'eczéma, parmi les maladies pustuleuses. Nous croyons cette distinction tout à fait contraire à une bonne philosophie, et pour nous, l'eczéma et l'impétigo ne sont que deux formes différentes de la même maladie. * * * * Ainsi vous le voyez l'eczéma et l'impétigo présentent le même début, les mêmes symptômes, la même marche et le même mode de terminaison. Ajoutez qu'ils se développent, sous l'influence des mêmes causes, et qu'ils réclament le même traitement, et vous pourrez logiquement conclure que ces deux affections sont identiques; il n'y a là qu'une difference d'intensité dans le degré de l'inflammation, qui est plus grande dans l'impétigo que dans l'eczéma ordinaire, et cette inflammation plus intense fait développer des pustules au lieu de vésicules." Pityriasis, too, he regards as "one and the same affection as eczema in a different period of evolution," and lichen, he says, is so intimately connected with the latter that it is very difficult, if not impossible, to distinguish them.

But it is not only the degree of inflammation or the organization of the individual, to which eczema owes the multiplicity of its phases. Each particular portion of the body when affected, and there is none which is exempt, offers some peculiarities, which render an especial

account of its appearance according to its seat essential to a complete description of this disease; a consideration of which, however, would be foreign to the purpose of the present communication.

The great majority of the cases we are called upon to treat are those which have already existed for some time, and which, with an occasional exacerbation, remain in about the same state for months, unless interfered with by our treatment. With old people especially, eczema is often so persistent that a temporary cure or alleviation merely is all that may be hoped for. There is a mistaken idea prevalent in the profession that the form so often met with upon the head and face of infants, and known as crusta lactea, should not be interfered with, but should be allowed to run its course until the child has outgrown it. It is true that it is often difficult and sometimes a long process to effect a cure in such cases, but we have never yet seen any unfavorable result follow successful treatment, and we believe that such fears are entirely without foundation. In this connection, we would allude to the equally groundless, popular belief in the evil results which may follow the disappearance of any chronic eruption under treatment. For although it is true that a connection appears at times to exist between a cutaneous affection and some chronic disorder, such as a catarrh, or leucorrhœa or diarrhœa, so that the internal and external manifestations alternate, all writers who have had the largest experience in these diseases deny the possibility of any serious consequence resulting from the treatment of eczema, and in confirmation of this opinion we are pleased to add that of the venerable Dr. James Jackson, who informed us recently that in his long experience he had never known any serious effect upon the health to have been produced by the cure of a cutaneous eruption.

Ætiology.—What are the causes of eczema? How shall we explain a condition of the skin, which is of so very frequent occurrence, which affects all ages from early infancy to extreme old age, which manifests itself chiefly in persons in the fullest health, and over which climate and season, sex and condition are apparently without influence? Shall we be satisfied with the meaningless and undemonstrable theory of a humor or dyscrasy? Does that explain any more intelligibly the phenomena of exudation, the formation of the various superficial appearances and the itching, which make up the history and definition of the disease? We think not. With many of the numerous external circumstances which may call it into existence we are acquainted, but of the nature of the internal or constitutional changes or states which may dispose to it, we know in fact almost nothing. Of the former a long list might be enumerated, capable of creating the disease de novo. Extreme degrees of heat or cold are frequent causes, whether natural or artificial. Of the former the lichen tropicum of writers and the eczema solare on the one hand, and the chillblains on the other, are good examples, as well as the affection known as "baker's itch," a

form of eczema upon the hands of persons employed about fires. Water itself, if used often beyond certain degrees of heat and cold, will produce it by maceration of the epidermis, as after baths and cold water packings. So too salt, iodine and sulphur baths. Various mineral and medical substances have the same power when brought into contact with the skin, among the most powerful of which are the alkalies. Shaving is apt to induce it, the fault chiefly of the soap used, which has a similar effect upon the hands, as those of washwomen bear witness, although Willan gave this disease the name of psoriasis. The too free external use of sulphur, chiefly owing to its impurities, and mercurial preparations, produce similar effects. In the vegetable world we can enumerate still more, among which are the ethereal oils, turpentine, croton oil, mustard, &c. Among these there are two plants, indigenous to North America, of which the slightest touch or even the effluvium are sufficient to produce the most exaggerated forms of eczema. They are Rhus venenàta, a shrub (poison sumach, or as it is improperly called, poison dogwood), and Rhus toxicodendron or radicans, the creeping vine known as poison ivy. The effects produced by these plants upon the human skin, in point of diversity and period of incubation, differ widely from the physiological action of most other vegetable substances.

A frequent indirect cause of eczema also are the animal parasites, viz.: the itch insect and the various species of lice. 'Tis true they possess no such power of themselves, but the itching they provoke leads to scratching, and this to eczema. It may likewise be caused by undue pressure upon the skin by clothing, or by chafing of the skin about the joints, which often occurs in fat people and babies, in the former of whom the epidermis is made tender by maceration in the perspiration. The forms produced by the impediment offered to the local circulation by hæmorrhoids and varicose veins on the leg and consequent hyperæmy, have already been mentioned. Upon the scrotum also it may perhaps be traced to the same cause. Eczema is never born with a child, but may occur three or four days after birth, and then generally affects the head, where it is called "milk crust." No connection has been traced, as already stated, between its appearance there and the health of either child or nurse. In rachitis and the so-called scrofulosis it is often observed, although the skin affection may be healed without any effect upon or change in the constitutional disease. In women chlorosis and affections of the uterus seem to occasion it at times. Sometimes a person has gastric symptoms and diarrhœa come on suddenly, followed by an eruption of eczema on the lips and hands, whereupon the internal symptoms at once disappear.

Having said this little about our positive knowledge of the internal causes of eczema or of any apparent connection between it and constitutional affections, we have said all that is really known. It

has been said that it is contagious. We believe that the secretions of the inflamed surfaces are sufficiently irritating not only to cause the disease to extend to other portions of the skin over which they are allowed to flow, but also that by long contact with the same the skin of another person may also assume an eczematous condition, just as by contact with many other irritating substances. In this way eczema of the nipple may produce excoriations and eczema upon the tender mouth of the infant, or the profuse discharge from a scald head may by maceration induce the same changes upon the arm of the nurse which supports it. In any other sense than this, it cannot be considered contagious.

*Treatment.**—There are but very few drugs which exert any influence upon the course of eczema when introduced into the system through the stomach. Among these arsenic is undoubtedly the most valuable, and in certain obstinate conditions of the skin it will be found an aid to other means. Alone it may drive away the eruption after large and long continued doses, but as the tendency of this disease is always towards relapse, it will be found that the return is not delayed in the least by the effect of the arsenic. There are cases in which some constitutional treatment is necessary before a cure may be expected, as iron in chlorotic or cod liver oil in scrofulous patients, although these remedies by themselves have little influence over the cutaneous affection. Local remedies are more speedy, may be at once directed to the chief cause of the continuance of the eruption, viz., the itching, and are just as effectual in preventing and far more so in curing relapses than arsenic.

Among the countless remedies which have been advised in the external treatment of eczema, we may select a very few which will prove sufficient for our use if properly employed. It is strange with how little regard for detail are the directions in relation to treatment given by writers on cutaneous diseases. The modern French authors with fifty or more pages devoted to the description and ætiology of this disease, find two or three sufficient for all they have to say as to its treatment. The remedies they advise are placed in list form, unaccompanied by those minute directions as to the particular form or stage to which any one of them is especially adapted, so essential to successful practice. The English writers, though more full, are none the less vague on this important point, upon which our whole success in the management of this difficult disease depends. It is not enough to know or to say that oxide of zinc ointment, or oil of cade, or an alkaline wash is good in eczema. We must know just at what stage to apply each, for that which acts well in one condition of the skin may be the very worst application possible in another. The remedies which a long series of accurate and definite experi-

* With regard to the relative importance of local and internal treatment in chronic diseases of the skin, we beg leave to refer the reader to some remarks on this subject in an article on psoriasis published in this Journal, vol. lxxiii., p. 309.

ment has proved to be of value may be arranged in four classes, namely: the application of cold; alkaline; and tarry preparations; and mineral astringents. A few general rules may be laid down for their employment, but our treatment in every instance must be governed by the intensity, the extent, the duration and the seat of the affection. Before proceeding to the application of any remedy, it is necessary in every case to examine the condition of the parts beneath by the removal of the crusts and other morbid products. This may be best effected by the use of oils, under the continued application of which they become soft and are readily detached. Upon the hairy portions of the body it may be necessary to use in combination with them some sort of soap, and a strong solution of the German soap in alcohol will be found to be the most cleansing preparation for this purpose. Fats are much better for this object than poultices, inasmuch as they do not, like the latter, aggravate the disease by maceration and warmth. Having thus laid bare the eczematous portions of the skin, we may then ascertain whether we have to do with an Eczema rubrum or E. squamosum, and by raising a fold how much infiltration there is, for upon this latter circumstance our prognosis must rest. A papular or vesicular variety before the development of crusts is of course recognized without such preliminary treatment. A simple and acute papular or vesicular state will generally yield to slight remedies, such as the mineral astringents. Whenever there is added to this an erythematous condition, cold water applications are called for, and in all cases where there is burning and itching cold water is by far our most useful remedy. When the infiltration is deep, we have a severe and obstinate process to deal with, and must use harsh means. It is in such cases we bring into action the powerful potash preparations. The tars are to be reserved for the later and scaly stages of the affection. As to the form of the preparations used and the mode of their application, these also are matters of great importance. There is a right way and a wrong way to use even a simple wash or an ointment, and we have sometimes succeeded with the very preparation which had previously failed in our hands, by applying it in a different manner. We may perhaps prevent repetition by giving in a body the various preparations of the four classes which are most frequently used in Prof. Hebra's clinic, and which we have found to be most serviceable.

1st. Cold water. To be always applied upon thin cotton or linen cloths, at most of two thicknesses, and to be changed every two or three minutes. Except in acute attacks three applications a day of half an hour each will be sufficient.

2nd. Solutions of pure potash in water, 1 part to 8, 1 to 4, or 1 to 2. The first two to be used as fomentations for a short time only, and upon small surfaces, the last and concentrated form to be applied at intervals of a week by a brush, and to be immediately washed off and followed by cold water. In the same class is the schmier

seife (German soap), either alone or dissolved in alcohol, 2 parts to 1, 1 to 1, or 1 to 2. This is rubbed upon the diseased surface by a flannel or sponge, and immediately washed off with cold water. To be used once or more daily. Instead of the German soap another preparation, composed of glycerine and potash in the same proportion, and called kali-glycerine, answers a similar purpose and is less offensive. All of these should be used carefully but boldly.

3d. The tarry preparations which were exhibited to the Society at a former meeting,—ol. cadinum, ol. fagi, ol. rusci or betulæ, and common tar. Oleum cadinum is the most convenient form to be obtained here. It should never be used by itself, but is best diluted with glycerine or alcohol.

4th. In the last class is, first and most important, a solution of corrosive sublimate in water and glycerine, gr. ij. to ʒ j., to be applied upon a thin cloth for 20 minutes twice a day, the cloths to be wet three times, and to be followed by the cold water as above. Black wash of half strength, when extensive excoriations prevent the use of the sublimate, to be applied upon cloth at will. Both of great service in suppurative forms. Oxide of zinc ʒ i. to Fat ʒ i. to be rubbed gently into the skin with the finger, until none remains visible. When there is moisture and free exudation, or when fat cannot be borne, the zinc should be mixed with powdered starch in the same proportion, to be sprinkled freely over the inflamed surface. These are all the materia medica which are necessary in the treatment of this affection. All the many others of any value, recommended in books, belong to one of these classes, and produce similar effects.

Upon the *scalp* we begin by removing the crusts. This done we make use of the soapy wash two or three times a day, and as long as it produces excoriations or the minute vividly red points, which are the openings of the follicles. When it ceases to create burning, pain and excoriations and the infiltration of the skin has subsided, we substitute for it or mix with a weak solution of the same the ol. cadinum. After each application of the potash wash we should always apply the water till the immediate effects pass off. Should the tar not be borne in this stage even, we may substitute the zinc ointment, or one of white precipitate of the same strength. For the *ears* the mercurial washes are best adapted. The simple and frequent manifestations upon the *face* will generally yield easily to the sublimate wash and constant use of the water, but in some obstinate cases we are obliged to resort to the severest applications, as the concentrated solution of potash. This should be painted carefully over the bare surfaces of disease. An immense amount of secretion is immediately poured out from the irritated parts, and vesicles form which are soon obscured by the formation of a thick crust. Cold water should be used freely till the pain subsides, which is in a few minutes, and the process should be repeated in a week if itching indicates that the disease is still active. The most inveterate forms

will yield to this treatment, and no scars are ever formed. Upon the *body* and *limbs* eczema must be treated in accordance with the general rules above given. Upon the *hands* the sublimate wash will be found of most service, and when it is confined to a small patch the caustic potash may be used with advantage. Whatever remedies are used we must never forget to warn the patient of the danger of an aggravation of the disease at any stage of the treatment, or of a return of it after the cure seems complete. Should this take place, we must begin again, and always act upon a fixed principle, however obstinate or however often it repeats itself. In this way by persistent efforts we may generally succeed in curing the most obstinate forms of eczema.

DR. WEBBER'S ESSAY ON CEREBRO-SPINAL MENINGITIS.

[Continued from page 147.]

Dr. Hunt, of the U. S. Navy, writing from Washington, says concerning the cases which came under his observation:—"The disease frequently comes on in the form of a common cold, attended with cough, sore throat, redness of the eyes, and a pain in the right pap. In about forty-eight hours a fever takes place, with increased pain in the breast, and frequently delirium. The pain is so severe for several days as to keep the patient in a state of constant agony." "This disease was certainly a pneumonia, attended in the commencement with typhoid symptoms, which quickly changed to a typhoid state."*

Dr. Robert Dunbar, of Winchester, Va., under date of February 22d, 1813, says that the subjects were generally from 12 to 20 years of age. "The symptoms were not uniform, but varying in proportion as the disease was marked with malignancy or mildness. Its attacks were accompanied with great lassitude, rigor, long-continued chills, great prostration of strength, unusual depression of spirits; eyes suffused, with a slight tinge of redness, accompanied with a glassy appearance. The pupils, in the cases I attended, were but little dilated; stupor, delirium and coma, with pain in the head, stomach a little affected with nausea, occasionally amounting to a propensity to vomit."

There was soreness over nearly the whole body; in almost every case sore throat and difficult deglutition were found. In a few hours after the attack the jaws were sometimes fixed; opisthotonos existed, the head being drawn back and the spine curved. The pulse was irregular, generally weak, and often not perceptible. Petechiæ and vibices were seen generally over the whole body.†

A committee of the Medical Society of the County of Saratoga made a report in regard to what was called the "winter epidemic,"

---

* Medical Repository, N. S., vol. i.
† Ibid.

in which they say:—"The bilious pneumonia became epidemic in some towns in this County early in December, 1812, in most others in January, 1813. In one or two it did not appear earlier than the first part of February.

"The first stage commenced with a cold chill, which has sometimes lasted from four to twenty-four hours or longer, but it generally continued from thirty minutes to two hours.

"During the continuance of the chill, the patient is generally affected with a violent pain in the head, back, loins and some part of the thorax. It sometimes, at the first, extends to the limbs, resembling acute rheumatism; at other times to the bowels, resembling enteritis."

There were pneumonic symptoms—pain, cough and bloody sputa. Nausea was common. The pulse during the cold stage was weak, small, and sometimes imperceptible at the wrist.

"Second stage. When the fever did not terminate about the fifth or seventh day by a favorable crisis, the following symptoms generally ensued:—the pulse became full, soft and weak, from 90 to 100 strokes in a minute; the tunica adnata of the eye and skin became yellow, the tongue dry and coated with a dark brown, except in a few cases where it was smooth and glazed, of a dark red; heat and dryness of skin much more considerable than in the former stage; the bowels swollen and elastic."

They did not consider it different from the pneumonias of fifteen or twenty years before.*

Dr. Job Wilson, in his treatise on the "Nature and Treatment of Spotted Fever," has given an account of the disease as it appeared previous to 1815 in New England. February 16th, 1812, he was called to a case in which sudden and violent pain in the head was the first symptom; this was soon followed by severe pain in the right side of the thorax. The patient recovered. In March, Dr. Wilson saw other cases, in which the lungs were affected. He describes the symptoms of the disease thus:—"Extreme cold shivering, acute pain in the side or head, but occasionally in the hands or feet. Sometimes it affected the bowels and back in the form of colic or dysuria. In other cases, the most acute pain would be felt in the ear, the jaw, or even in a tooth. The breathing was in most cases difficult, attended with cough, and often with a bloody expectoration. Delirium was frequent, but not a uniform symptom. Some were affected with an unmanageable, furious delirium, similar to that which attends phrenitis. Others were affected with low muttering and comatose delirium, attended with a disposition to sleep. Some few, as the disease declined, became insane; but the insanity was of short duration, and entirely left them on the recovery of their strength. Difficulty in voiding the urine was almost a constant symptom; the hands and face were generally of a leaden color, and moderately swollen; a

* Medical Repository, N. S., vol. ii.

very slow motion of the blood in the capillaries was very perceptible, by making a slight pressure on these parts with the point of the finger; effusion of blood or lymph in the rete mucosum and cellular membrane, as likewise effusions in the sockets of the eyes (the eyeballs were occasionally suffused with blood); deep effusions in the extremities, lying in immediate contact with the periosteum, and occasionally occupying the whole limb, and extending from joint to joint; effusions of blood and lymph in the cavity of the thorax, in the cells of the bronchiæ, and in the brain, &c. Blood was occasionally discharged with the urine, and in some cases from the bowels, resembling dysentery. Raising blood from the lungs was frequent. A discharge of blood from the nose was frequent, and not an unfavorable symptom. He mentions, also, an eruption of hard, white pimples, and likewise a rash "similar to ring-worms."

In 1813, the same disease occurred in New Hampshire and Vermont; in some places with great mortality, in others in a very mild form. "In 1812, the lungs were almost universally affected, and death was caused by suffocation, &c. In all the cases which I witnessed in 1813, the lungs were not so generally affected; the head appeared to be the part which suffered most, and the patients appeared to die in convulsions, apoplexy, palsy, &c." Subsequently this disease occurred less frequently and was less fatal.

Dr. Wilson gives two *post-mortem* examinations, which have not yet been noticed. One was of a lady, who was attacked April 27th, 1812, and died on the fourth day, from suffocation. On opening the thorax, there was found extravasation of lymph of a yellowish appearance in the cellular membrane; and also extravasations of blood into the substance of the lung, having a dark color. The same was seen on the internal surface of the pericardium, though much larger. The pericardium contained nearly a pint of serum. The upper portion of the lung was heavy, sinking in water; the air-cells were filled with a yellowish lymph. "This viscus was of a dark red color, and adhered, throughout its whole surface, to the pleura and diaphragm, saving the posterior surface, where there was a large collection of lymph." The cavities of the heart were distended with very dark blood. The liver was very much engorged and of a dark red color, except in spots where it seemed to be healthy.

In another case where the patient, a young man, 17 years of age, died on the eighth day of the disease, there was found extensive extravasation of blood into the lungs, some of which had been absorbed; the upper portions were very much engorged with blood. In the brain also was found more or less extravasation in the membranes, and several small deposits of lymph on the surface; much of the blood which had exuded from the vessels had been absorbed.

Dr. Utley, of Lyme, Conn., recognized two varieties, one where pneumonia existed, the other without any affection of the lungs.

The second was "ushered in with a sense of distress at the præ-

cordia or pit of the stomach, thence ascending to the head, as a pain or dimness of sight; this returned down along the spine, attended sometimes with universal paralysis." Prostration was extreme.*

Dr. Kercheval, of Bardstown, Ky., says, "It happens in a certain proportion of the cases that the head is the primary seat of the disease; the chest at the same time remaining free from any local disorder."†

Dr. Ira Bascome, of Granville, N. Y., says that petechiæ seldom appeared. He found the lungs more severely affected than in the spotted fever described by Huxham, Pringle, and others. Among the symptoms, he mentions, chills, a low quick pulse, languor, pain in one side, nausea, dull pain in the head, livid countenance, soreness across the temples and eyeballs. The sickness, vomiting and headache were sometimes severe from the beginning. In others common catarrh first appeared; suddenly it assumed the most alarming symptoms; a violent pain, most frequently in the right side. These are the principal symptoms; "but others too numerous to mention have appeared in various parts of the country." "As far as I have been able to learn it is the same disease which had prevailed in some parts of New England and New York for several years previous, under the various denominations of spotted fever, catarrhal fever, peripneumonia notha, &c."‡

Dr. B. Vaughan, of Hallowell, Me., found the spots to be usually wanting. He adds to the list given by Dr. North of the diseases for which it may be mistaken—"pleurisy and other diseases of the chest, nervous headache, palpitation of the heart, earache, sometimes followed by discharges from the ear, lethargy, stretched and shining skin as in dropsy, and stiffened muscles," sometimes epilepsy. He mentions the affection of the throat. The head was not specially affected.§

The disease occurred in Maine in 1811, '12, '13 and '14. Dr. Hazeltine considered it the same as spotted fever, and the symptoms agree with the description given by Drs. North, Woodward, &c.‖

Ennalls Martin, M.B., of Maryland, in the winter of 1813 and '14, found headache a very prominent symptom and the pain in the thorax less marked.¶

Dr. Joseph Trent, of Richmond, says that the force of the disease was sometimes expended on the throat and fauces. The muscles of respiration and the glottis were spasmodically affected. Large glandular swellings occurred about the neck.**

Thomas P. Hereford, of Middlebury, Va., found that it appeared under varied forms affecting the lungs, brain and throat, and generally of a typhoid character.††

Dr. E. Simpson Davis, of Milledgeville, Ga., met with cases from

---

* Medical Repository, N. S., vol. ii. † Ibid. ‡ Ibid, vol. iii. § Ibid.
‖ Ibid. ¶ Ibid. ** Ibid. †† Ibid.

April 21st to April 28th, 1815. Glandular affection of the throat was common, and there was no apparent congestion of the lungs. *

Dr. John Kerr notices the disease as it appeared during 1813 and '14 in Natchez and Eastern Mississippi. In the winter of 1814 he saw many cases of unusual malignancy where the breast, head and throat were affected. The disease was not so frequent nor so severe as at the North. *

[To be continued.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 20, 1866.

DEATH OF DR. A. A. GOULD.

Dr. Augustus A. Gould died in this city, at 5, A.M., of Saturday, the 15th, of cholera, after an illness of a few hours. The suddenness of this announcement caused a thrill through this community which is only felt when a good man dies. Friday at noon saw him engaged in his professional avocations, without any indication to his friends of the near approach of the destroyer; the next morning his place of usefulness was vacant forever. The event is so recent, the shock from the loss of one whom we have felt privileged to call a friend for many years is so great, that we can attempt to add but little to the simple announcement which we have given above. His death makes a wide gap. As a physician he occupied the foremost rank; as a naturalist his name is indissolubly connected with the annals of American science; as a high-minded, conscientious, self-sacrificing man, his death is felt at this moment by a very large circle of mourning friends as bringing to them a loss which never can be repaid, and laying upon them a grief which only the soothing hand of time can alleviate. Another and most honored member of the medical profession has expressed in more fitting language than we can command his just appreciation of the many admirable and winning qualities which endeared him so strongly to all who knew him. Not one of them will not most cordially respond to the truth of all which he has so admirably said.

At a special meeting of the Suffolk District Medical Society, on Saturday evening, the 15th inst., called to take appropriate notice of the event which had deprived it of one who had long been one of its most prominent members, the President, Dr. Bowditch, opened the meeting as follows:—

Gentlemen—Associates of the Suffolk District Medical Society.—You have been called here this evening in consequence of the sudden death of one of our most esteemed and learned associates, one who but a few months since was President of the Massachusetts Medical Society. I refer to Dr. A. A. Gould, of this city. It seemed right to myself and others that we should commune with one another at such a time. I beg leave to call upon one older and abler than myself, Dr. Jacob Bigelow, who has prepared some remarks to be offered at this meeting; and if, subsequently, you wish to hear from me some few autobiographical sketches, which I had the melancholy pleasure of perusing this morning, I shall be most happy to give them as I have drawn them from his original manuscript.

Dr. Bigelow remarked:—

The melancholy truth that the best and wisest of our profession, the men to whom society looks for counsel in its distresses, and for rescue in its moments of

* Medical Repository, New Series, vol. iii. † Ibid.

danger, are themselves but broken and unreliable reeds, is this day most painfully forced upon us. The appalling intelligence that one of our most prominent physicians, long respected and beloved, and but yesterday engaged in the active ministration of his professional duties, has suddenly fallen under the stroke of a pestilence that walks in darkness, and against which he had been vainly arraying, for the sake of others, the powers of a philosophic mind, the earnestness of an inflexible inquirer for truth, and the skill of a lifelong career of experience, and of laborious and vigilant observation and study; and the fact that all these have been as dust in the balance, against the unalterable laws of Providence—are things which may well make us thoughtful and solemn.

It is unnecessary to remind you that Dr. Gould, late President of the Massachusetts Medical Society, was a man of wide and general culture, and that he stood in the highest rank of professional eminence. He brought to the service of his friends and of society, a mind gifted by nature, disciplined by labor, and enlarged and enriched by study. There was no department in the multifarious circle of his professional pursuits that he did not illustrate and adorn. He was skilful as an anatomist, as a pathologist, and as an honest and intelligent practitioner of the healing art. He had the wisdom to perceive that the devotion which confines itself to an exclusively professional path, and ignores the value of other collateral studies and pursuits of practical life, inevitably narrows the mind, and abridges its sphere of usefulness. Dr. Gould was a general scholar, an accomplished naturalist, a proficient in the physical sciences, a successful writer and teacher, and a lover of learning for its own sake. His services in most of our scientific institutions, to some of which he gave a creative impulse, and in the care of our sanitary concerns, and charitable medical establishments, have been long felt and appreciated.

In the meetings of our scientific and professional associations his attendance was assiduous and welcome. Every one among us will recollect with grateful pleasure his friendly and beaming countenance, his judicious and instructive remarks, his respectful consideration for the claims of others, and above all his unfaltering regard for scientific truth, and his abhorrence of assumption, pedantry and charlatanism of every sort.

He had scarcely more than arrived at the meridian of active and useful life. The years which had passed over him served to strengthen and mature the stability of his character. He was a pillar, not easily to be spared from the fabric of our Society. We looked forward to him as one of those who were to be entrusted with the safe keeping of the social, truthful and honorable character of our profession. In the order of nature he should long have borne the responsibilities of those who had preceded him in years. He should have stood where I now stand, and tendered to others the tribute of remembrance which we now unavailingly offer to him. He is happy in having terminated without protracted illness or pain a useful and honorable life, carried through to its completion without a cloud upon his intellect or a blemish upon his reputation.

Dr. Bowditch then resumed:—

Dr. Gould was born April 23, 1805, at New Ipswich, N. H., and under the shadows of its amphitheatre of mountains he drew in his earliest breath of physical, intellectual and moral life. In physical culture he became a stalwart young farmer, able at the age of 14 to take supreme control of his father's farm. The beauty of the hills poured into him certain moral qualities which, he thinks, in after life, sustained him under temptations which wrecked others who had not had the same benign influences. Probably his birthplace first led him to those studies which, intellectually, were always his chief delight, and upon which mainly his European, and, I may say, his American reputation really depends—I mean, to his studies in Natural History. In early life, he attended school in summer and winter. When about 12 or 13 years old, and when needed on the farm, he had only the three months of winter for his studies. He however attended the academy of the place, and learned Latin and Greek, and, in fact, prepared himself for college, knowing in the end, as he thought, as much as his preceptor; but on his entrance into Harvard, he found himself unable to cope with the Boston, Exeter and Andover boys, and had, as it were, to begin anew. Almost penniless when

he entered, he struggled on, taking the place of Registrar's freshman, and doing some menial services in order to keep at college. By these means, with the strictest economy, he fought his way through.

For two years after his graduation he was a private tutor in the family of Mr. McBlair, at Baltimore. In 1825, he entered as a pupil in medicine the school then kept by two men now venerable in years and in honors—Drs. James Jackson and Walter Channing, both of whom survive their pupil. In 1829–30, he was house-pupil under them at the Massachusetts General Hospital. It was there that I first met him, when I, as a pupil younger than himself, staid a few weeks at the Hospital in place of his colleague, the well-known and admirable man and surgeon, Willard Parker, of New York. How pleasant come up to me the gracious smile and kindly courtesies extended to me at that time by Dr. Gould! They were the type of all his subsequent life in his relations with me. Ever willing to extend a helping hand, and ever gracious in giving from his well-stored mind to me who sought to gain knowledge from it.

In 1830, he received his diploma of Doctor in Medicine.

In July, 1831, he became a member of the Baptist church, in which he continued ever after a most worthy associate. He settled as a physician in Boston, and he met, as he says, with moderate success, during the early part of his practice "struggling for dear life," and even as late as 1850, with his numerous family of eight children, he needed "all the dollar visits the public required of him in order to make a competence." He had married, November, 1833, Miss Hannah Cushing Sheefe, who now survives him.

During college life, following the bent given him in his boyish tramps over his native hills, he had become much interested in Natural History, and as he had much leisure time after his medical graduation, "because every man needs some by-play to fall in with the serious drama of life, and having no fancy for politics, for boon-companionship or for loafing," he devoted himself to Natural History, particularly conchology, as a branch of science somewhat connected with his profession. The result was that the whole of those spare moments, which by most men are allowed to glide away unattended to, were by him devoted to objects of real value, and which gave him no mean reputation on both sides of the Atlantic. So far as medical business-prosperity was concerned, he says it would probably have been better if they had been passed in listlessness or sleep; but so far as real happiness was involved, he thought he could not have done better.

He had offices of trust without number; those of profit were few. His principle was to do whatever he could, whether profit came of it or not. He has done a good deal of such work with little reward, save what usually follows (as he thought) gratuitous service, ingratitude and injury.

In early professional life he had lectured. He also gave instruction in Botany and Zoölogy at Harvard College, and before a small class of medical students.

His published and manuscript works were as follows:—

Translation of Lamarck's Genera of Shells.

Translation of Gall's Works.

Translation of Rostan on Diagnosis.

Invertebrate Animals of Massachusetts. (Not printed.)

Principles of Zoölogy, in connection with Prof. Agassiz.

Mollusca of the U. S. Exploring Expedition. (In press.)

Completion and Editing of Dr. Binney's posthumous work on the Mollusca of the United States. (In press.)

He also wrote numerous articles in journals, scientific and literary, principally the former, and prepared some of the State Registration Reports. He made at times manuscript catalogues of several private libraries, such as those of George Ticknor, Rev. Dr. Gardner, John Lowell and Abbot Lawrence. But the most laborious work he ever undertook was the cataloguing, in four folio volumes, of 50,000 pamphlets for the Boston Athenæum, for which he received the munificent reward of $250.

His various publications, thus made unselfishly and with a true scientific zeal, brought him in contact with the best minds in this country and in Europe. Con-

sequently, they enrolled him among the members of their various societies, as the following imperfect list fully shows:—

Rhode Island Society of Natural History.
Connecticut " " "
Academy of Arts and Sciences, Philadelphia.
American Academy of Arts and Sciences.
American Philosophical Society, Philadelphia.
Natural History Society, Quebec.
Northern Academy of Arts and Sciences.
Imperial Mineralogical Society, St. Petersburg.
Royal Society of Natural History, Copenhagen.
Natural History Society, Athens, Greece.

He was also an intimate correspondent of Owen and other learned men of Europe. Other Societies than those already given have more recently thus honored him by electing him as their associate.

In the midst of this good reputation among scientific men, in the height of professional success and when apparently in good health, he is suddenly cut down, and in ten hours ceases to live.

I leave to others to portray the peculiar features of his character and to justly estimate his standing as a physician. But I am sure that there is no one within the sound of my voice, who has ever met our associate's cordial smile, and experienced his ready willingness to assist with his learning, who will not join with me in feeling that we have sustained a real loss, and that there is no one to fully and exactly fill his place.

The President then stated that in accordance with his own views and those of Dr. Bigelow, no resolutions had been proposed. These have become hackneyed, and are too often unmeaning.

The best resolution that could be offered, would be the resolution in our own hearts that each would endeavor to do every duty as our dead friend has done his during his whole career.

On motion of Dr. H. G. Clark, it was voted that the remarks make by Dr. Bigelow be adopted as the sense of the Society; and on motion of Dr. Williams, it was voted that this sentiment of the Society be communicated to the family of the deceased, and that Dr. Bigelow's remarks be published in the Boston Daily Advertiser and the Boston Medical and Surgical Journal.

Dr. Cotting, after giving, by request, an account of the last illness of the deceased, remarked that he had known Dr. Gould intimately from his student days. He was a true and warm friend, who trusted much, and trusting was sometimes disappointed, and in this much troubled. Dr. Cotting did not doubt that every man in the profession in this State would feel, as the sad intelligence reached him, that he had lost more than usually, a friend.

On motion of Dr. Parks it was voted: that, if a public funeral be permitted by the family, the members of the Society be notified to attend.

The following is the account of the case by the attending physician, Dr. Cabot: Dr. Gould had been as well as usual and attending to business, when about noon of Friday, the 14th inst., he had two watery discharges from the bowels. During the afternoon he had three or four more copious discharges of the same character. Between 6 and 7 o'clock vomiting began, and shortly before 8 o'clock very severe cramps occurred in the feet and calves of the legs. About quarter past eight he had a very copious discharge, more than half filling the vessel, presenting the rice water appearance, *but having some fæcal odor*, and containing some small particles of fæcal matter stained with bile. In the course of an hour these symptoms were gone, and the patient seemed quite comfortable and had a good pulse. He had no more diarrhœa, or cramps, or vomiting, except that he vomited a dose of aq. ammon. There remained an unpleasant coldness of the hands; and from that time the patient steadily failed. At 2, A.M., he was in collapse—the face and hands shrunken and livid, the skin cold and clammy, the radial pulse absent, the voice almost inaudible. He was restless and uneasy, took ether occasionally, apparently to relieve the uneasy, distressed feeling which accompanies collapse,

and notwithstanding the coldness of the skin could not bear the encumbrance of the bed-clothes, even the lightest. All efforts at restoration by stimulants, administered both by mouth and per anum, were without effect. He continued steadily to fail, and died at 5, A.M.

The autopsy was made at 4, P.M., on the 15th, by Drs. Langmaid and Swan, of whom the latter gave the following account:

The rigor mortis was very great. There was some hypostatic redness of the trunk, and marked lividity of fingers and nails.

The general result of the examination of the internal organs showed a loss of fluid everywhere but in the intestines. The lungs were dry and doughy, the liver small and thin edged, the spleen of medium size and firmness, the kidneys firm and close in texture, but inelastic, the gall bladder shrivelled and containing a little very thick, dark bile, the urinary bladder quite empty and contracted, the blood thick and dark, entirely free from coagula, and accumulated in and near the heart. The stomach and intestines, on the contrary, contained, by estimate, upwards of a quart and a half of serous fluid, rendered dull white and turbid by the presence of a large quantity of what, under the microscope, proved to be mainly epithelium, more or less disintegrated, together with a few vibrios, and microscopic particles apparently derived from food. In a portion of the small intestine the fluid had a distinct pink hue. It was accumulated mostly in the jejunum and ileum, but there was a considerable quantity in the cæcum, and in the ascending and a portion of transverse colon; while the rest of the large intestine was contracted to the size of the thumb or forefinger, as if its contents had been discharged by the mere force of gravity, or possibly due to the stimulation of the large brandy enema. The enema is said to have been retained, but the absence of alcoholic smell and the condition of contraction, would indicate that it had eventually passed away. The stomach and intestines themselves appeared healthy. The heart was perfectly sound, and so the lungs, excepting an insignificant deposit of cretaceous tubercle at the very apex of each. The pleuræ of the right side were firmly and universally adherent; at the left apex there was a circumscribed adhesion, the rest of the lung being entirely free.

Messrs. Editors,—The Editorial in your last number, upon the "Metric System," brings painfully to my mind with how slight a practical knowledge of medical weights and measures a physician may go into practice. The fact that a more thorough acquaintance with these should be required is evident, and, in these days of outcry for reform in medical education, will probably meet with some attention. I only wish to make a suggestion, however, which applies equally well to a theoretical or practical knowledge of the two standards—viz., that it is perfectly practicable to teach the simple French system in connection with our complex system of drachmæ, unciæ and octarii. A facility in reducing metrical weights and measures to those in use, while requiring but a small sacrifice of time in its acquisition, would be a great aid in the study of French medical literature and of the scientific literature of nearly all countries. It would also be the simplest manner of preparing a way for the introduction into this country of the only system worthy of modern science. M.

Physiological Action of Narceine.—In the last number of the *Journal de Chimie Médicale* there is an abstract of M. Linne's researches on the above subject, from which we perceive that the following conclusions have been arrived at:—1. Narceine is unquestionably of all the alkaloids of opium that which has the greatest narcotic power. *In the majority of cases* morphia and codeia do not produce as sound or as prolonged sleep as results from the use of narceine. 2. Narceine differs from the other alkaloids of opium in producing little perspiration, and in causing no loss of appetite or nausea. 3. So far from producing constipation of the bowels, it causes relaxation, and, in large doses, actually gives rise to diarrhœa. 4. It not only produces sleep, but diminishes pain. 5. It has one peculiar action; it suppresses the flow of urine. For this reason, M. Linne thinks it

might be advantageously employed in cases of nocturnal incontinence of urine amongst children. But it seems to us that, until its action can be shown to be on the bladder rather than on the kidneys, its employment in such cases would be highly improper.—*London Lancet.*

Cryptogamous Origin of Intermittent Fever.—In speaking of Dr. Salisbury's researches, the *Atlanta Medical and Surgical Journal* says:—

"We take pleasure in announcing that a valued and talented contributor for this Journal is investigating this subject, and will, perhaps in the next number, furnish our readers with some valuable suggestions on the Cryptogamiæ, and of their probable connection with the production of malarious or remittent and intermittent fevers.

"The experiments of Dr. Salisbury, some of which have already been published in the June number of this Journal, seem to be very conclusive in many particulars. Should they be verified by others, to the extent of settling permanently this question, we will have prominently before us the great advantages derived from improvements in the modes of scientific investigations."

Gallic Acid in Congestion of the Kidneys.—In nervous affections, due to congestion of the kidneys, or of the ovaries, I have found the use of gallic acid, in four or five grain doses, six times a day, of singular efficacy. It is much better to give it in frequently repeated doses than otherwise, as it is less apt to disturb the stomach.—*Brown-Séquard.*

State Hospital for the Insane in Connecticut.—The Connecticut Legislature recently passed a law creating a State Hospital for the Insane, which is to cost $200,000.

THE course of University Lectures on Ophthalmology, by Dr. Williams, will be delivered at the City Hospital on Fridays, at 11, A.M.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, SEPTEMBER 15th, 1866.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	67	50	117
Ave. mortality of corresponding weeks for ten years, 1855—1865	48.3	48.1	96.4
Average corrected to increased population - - - - -	00	00	105.94
Death of persons above 90 - - - - - - - - -	0	0	0

MARRIED,—At Great Falls, N. H., 11th inst., Dr. Charles W. Oleson, of Bloomingdale, Ill., to Miss Abbie L. Bartlett, of Great Falls.—In Calais, Me., 12th inst., Dr. E. Howard Vose, of Gorham, Me., to Miss E. Maria, only daughter of C. R. Goodnow, Esq.

DIED,—At New Orleans, 5th inst., Dr. Charles P. Crane, formerly of Canton, Mass., 56.

DEATHS IN BOSTON for the week ending Saturday noon, Sept. 15th, 117. Males, 67—Females, 50. Accident, 3—apoplexy, 1—disease of the brain, 4—bronchitis, 1—burns, 1—cholera, 2—cholera morbus, 3—cholera infantum, 23—consumption, 12—convulsions, 1—croup, 2—diarrhœa, 7—dropsy, 3—dropsy of the brain, 2—drowned, 2—dysentery, 12—erysipelas, 1—scarlet fever, 1—typhoid fever, 2—disease of the heart, 3—malformation of the heart, 1—hernia, 1—hip disease, 1—infantile disease, 2—disease of the kidneys, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 6—measles, 1—old age, 3—paralysis, 1—peritonitis, 1—premature birth, 1—rheumatism, 1—smallpox, 2—unknown, 5—pistol wound, 1.

Under 5 years of age, 59—between 5 and 20 years, 6—between 20 and 40 years, 22—between 40 and 60 years, 19—above 60 years, 11. Born in the United States, 85—Ireland, 26—other places, 6.